

WITHHOLDING TAX RECONCILIATION

Village of Malta
Income Tax Department
P.O. Box 307
Malta, Ohio 43758

1. Total Number of employees as represented by
Forms W-2 submitted herewith _____

2. Total Income Tax Withheld from compensation
Paid all employees \$ _____

LEGIBLE COPIES OF W-2 FORMS MUST
ACCOMPANY THIS FORM BY FEBRUARY 29th 2024

3. Total Income Tax Withheld from compensation during
2023 for:

JAN. 31 ST	\$ _____	JUL. 31 ST	\$ _____
FEB 28 TH	\$ _____	AUG. 31 ST	\$ _____
MAR. 31 ST	\$ _____	SEP. 30 TH	\$ _____
APR. 30 TH	\$ _____	OCT. 31 ST	\$ _____
MAY. 31 ST	\$ _____	NOV. 30 TH	\$ _____
JUN. 30 TH	\$ _____	DEC. 31 ST	\$ _____

4. Total Amount Withheld _____

Parts 2 and 4 should be identical, explain fully any discrepancy.